


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000106353**  
1. Entity Name  
V & C MACHADO ESCAVATION SERVICES INC.



Principal Place of Business — Mailing Address  
3420 NW 95 TER 3420 NW 95 TER  
MIAMI, FL 33147 MIAMI, FL 33147

**DO NOT WRITE IN THIS SPACE**



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0984177 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MACHADO, VICTOR  
3420 NW 95 TER  
MIAMI, FL 33147

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE: *Victor Machado*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MACHADO, VICTOR
STREET ADDRESS	3420 NW 95 TER
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	D
NAME	MACHADO, CLAUDIA
STREET ADDRESS	3420 NW 95 TER
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00000337550  
04/28/05-80005-002 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Victor Machado*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #